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1971 MEDIC

Pre-Clinical Years

ANATOMY

It was 1:30 in the afternoon on my first day of classes at Hahnemann Medical College and Hospital, when I began my ascent to that large fourth floor room in the Eccles Building. I knew that I was on my way to the anatomy laboratory where I would find a cadaver. Yet as I reached the final landing in the stairwell with only 25 steps left between me and the living dead, a sudden rush of blood overwhelmed my heart, with each subsequent beat resounding loudly and clearly at my temples. My legs became weak and wobbly; the anxiety which overcame me threatened to expose my insecurity with my new college. I must ascend that final distance maintaining my composure. Each step became more and more difficult. When I finally entered the room the heavy scent of formaldehyde permeated the very foundation of my soul. My eyes fixed solidly on the sterile, cold, gray, metal tables covered by their thick bulging, brown, canvas covers. Beneath that cover must be the cadaver I had come to see; but now I hoped and prayed that the table would be empty, in that way we would not begin until tomorrow.

However, there was no possibility of that; for our mentors were too shrewd to allow us to procrastinate. Soon after being assigned to my table along with three colleagues, we were instructed to begin our dissection. "You begin.", "I'll watch the first few days . . . I have never dissected before." The bright new shiny scalpel fell down against the dusky-brown flesh and with an air of sophistocated uncertainty and respect, my medical career with anatomy began.

Our lectures became a symphony in the graphic arts embellishing those desolate regions of our minds which were never formed nor recollected, yet continually permeating our existance with the stench of esoteric bull. The stops and frets overwhelmed the stasis of the mind with thoughts of ectasy and hope that all the world is not painted in "Gray's". I often thought that if we could cut off Van Dyke's ear we could make him "gooh". The only problem being that his pictures were not classics.

By the time I had gotten to histology I had become a nucleus in my isolated cell where burning candle light flitted over the yellowing text to a lovely window through which the real world was passing me by.

Yet all was not dismal as it sounds for the autumn "Showers" brought forth a new hope for growth and function within an infinite mind.

As for genetics:

What is genetics to mice or men?
Should it control God's greatest gem?
Let the sun shine, let days go by,
Fot if it's His Choice that we should die,
We should accept it as best we can,
Perhaps to rise above earth again.

PHYSIOLOGY

Oh yes! I remember it well. That was the study of normal human bodily functions with special references to the adaptating and autoregulating mechanisms. One of the unique features of this course was the direct application of physiological principles to the classroom situation. Some of these principles were: "Ether" Reed could place 85% of the students in stage III anesthesia faster than ether alone, which implied that his lecture was less soluable in the CNS and reached an equilibrium concentration sooner than the ether. Another principle which was demonstrated regularly was the Fick principle which stated that the flow of students from the laboratory was equal to the number of animals terminated ÷ by the original number of animals. The average value obtained was 50 students leaving the lab per two hours + 50.

The course, itself, consisted of concise dynamic lecturers, extremely challenging and exciting laboratory experiences, encompassing conferences and those "god-damn" Saturday morning quizzes. These quizzes were definitely intellectual exercises in futility. Each question was designed to have one concise answer based upon an infinite number of combinations and permutations which eliminated any educated guesses and definitely blew our minds.

The master mind behind this course was Dr. John C. Scott, professor and prominent researcher in cardiovascular physiology, who became quite concerned about the Fick principle's application to our laboratory. Dr. Reed is a quiet peaceful man who could disarm the agitated minds of his students and send them as babes into the arms of somnolence. Dr. Alteveer, a dynamic and enthusiastic teacher discussed the physical and engineering properities applicable to human physiology for the engineers in our class. I guess no one told him that we did not have any engineers in the class, but he still seemed to have fun.

Dr. Spitzer has an accent which makes him sound like an Hungarian scientist who works with lipid metabolism. However, rumor has is that he is actually from Brooklyn and got his initial experience making hormones.

Yet, I must admit, that general physiology was an interesting course and probably one of the most important in the study of Medicine.

MICROBIOLOGY

It became evident to the faculty and staff at the beginning of our sophomore year that our class lacked sufficient sophistication to warrant the institution of a course in cultural nicities. This course covered such topics as: "The cultural implication of when, where and how to kiss your sick girlfriend," and "The significance of Bar Fly innoculation in the medical student population."

Actually the course delved into the sex life of innumerable bacteria and viruses with the ulterior motive of teaching clumsy methods of disrupting these activities. It seemed like the people in this field could get their kicks in some other way than bushwacking bacteria. Even so the bushwackers presented a friendly concerned attitude toward us, as students, and delivered casual lectures in keeping with this attitude.

Dr. Bondi was the boss of the entourage consisting of Drs., Moat, Hammel, Crowell, Weidanz, Stelos, Landau, and Gutekunst. Labs promoted active discussions among the students as to which technicians were married, engaged or available for culture. Occasionally we would direct our attention to the putrid, murky, solutions in the cotton stoppered tubes which were required to streak out on agar plates. Now we use blood, B-G, or E.M. plates. Maybe we should switch to IMVIC or lactose, lactose A — "what in Hell are we trying to prove anyway." "I still think she is married."

Overall we had an enjoyable six months of microbiology and did become culturally oriented.

PHARMACOLOGY

The cry of the hounds resounded loud above the bustling hum of early morning traffic. Once a week, rain or shine, the mighty hunters of fundamental pharmacologic knowledge would mount the stairs of Eccles to the plains of basic experimental research principles. Donned in fresh snowy starched habits and crops of tempered steel, we called our hounds around us, and with soothing songs of ancient hunter's victories, rapidly sent them tumbling to the land of narcolepsy. The hunt would soon be finished and the long happy hours at the Logan Square Inn, recollecting the events of the day over tankards of friendly beer, would begin.

The hunt was not the only event which occurred in Pharmacology, for the masters of Pharmacology had developed an organization of outstanding lecturers and sophistocated methods of drilling us.

I must admit that the members of this department were the best organized lecturers we had during our first two years.

The time passed rapidly from the profound concepts of drug-actions, through general anesthesia, to sedatives, to hypnotics, to tranquillizers, to stimulants, to adrenergic and cholingeric drugs, to chelating agents, and finally to cathartics.

After many long arduous hours of memorizing the generic names of drugs, we entered the realm of clinical medicine where staffmen believed generic was the medical treatment of old people.

BIOCHEMISTRY

Our course in biochemistry was oriented for the high school senior who had just graduated from the University of Pennsylvania with a degree in chemistry. A few of the more relevant things we learned were that toluene is used to preserve 24 hour urine specimens, and that the majority of men in the class did not excrete any 17 Ketosteroids, however, most of the lovelies did.

The Big "D" had just arrived at H.M.C.H. and did not know the "easy" technicians; so he had us do it for him. It seemed like we spent half of our lives in the labs injecting mice and washing their urine out of our ties; but it was fun — wasn't it?

According to Dr. Parient the krebs cycle has 500 more cc's than the menstrual cycle, although the latter is much better on Blueberry Hill climbs.

Biochemistry was so logical and intuitively clear that all you had to do was memorize lists of lecture notes to pass. The only problem arose when half of the lecturers could not read their lists correctly tending to confuse the students. Well, it doesn't really matter since most of us made it — didn't we?

PATHOLOGY

The destruction of human tissue results in arteriolar dilation with increased blood flow into the area of injury followed by increased tissue permeability and cellular infiltration with polys. This, "the concept of inflammation," was the first pathophysiologic entity which we undertook to dissect, synthesize, and mull over in our minds in that cold February of 1969.

"Would you please look at this slide under my microscope?" "What am I supposed to see, recognize and/or remember for the test?" You said that the dark purple dots are polys, but how do you know they are not lymphs? "Oh! you have seen them before." "Well, what the hell good does that do me?" "Boy! do these guys piss me off." That's the way pathology lab went for the first three weeks; until suddenly like the warm morning sun breaking through the thick New England fog at noon, we began to comprehend the meaning of the material we had read in our books.

Our lecturers were not exactly stimulating for the content was enormous and the detail superficial. We spent many hours shifting our gluteus maximus to maintain the circulation of our lower extremities, while simultaneously struggling to maintain tonic contractions of our tired levator palpebrae, especially during the lab sessions.

We encountered Imbriglia's philosophy of education, Dolphin's rheumatic fever, Nedwich's glomerulonephritis, Koiwai's endometrial hyperplasia, Koprowska's abnormal pap smear, Kashatus's clinical pathology conference, Shane's T.B., all while motoring onto Appleman's hematometakinesis. With all that pathology in the department we had to learn something. Didn't we.

Overall, the course was not too bad, considering the time allotted and the material covered.

"Listen Mayer, if you don't understand I'll be glad to tutor you in Pharmacology."

Patricia Krupp, Ph.D.

Laura Bumara

Richard Crowell Ph.D.: "Whatever it is. I'm sure it's of viral origin."

"My mother always wanted me to play the oboe."

Peter Amenta Ph.D.

John Augustine Ph.D.

"Mole Street is going straight Republican next year."

"All I hear are bowel sounds."

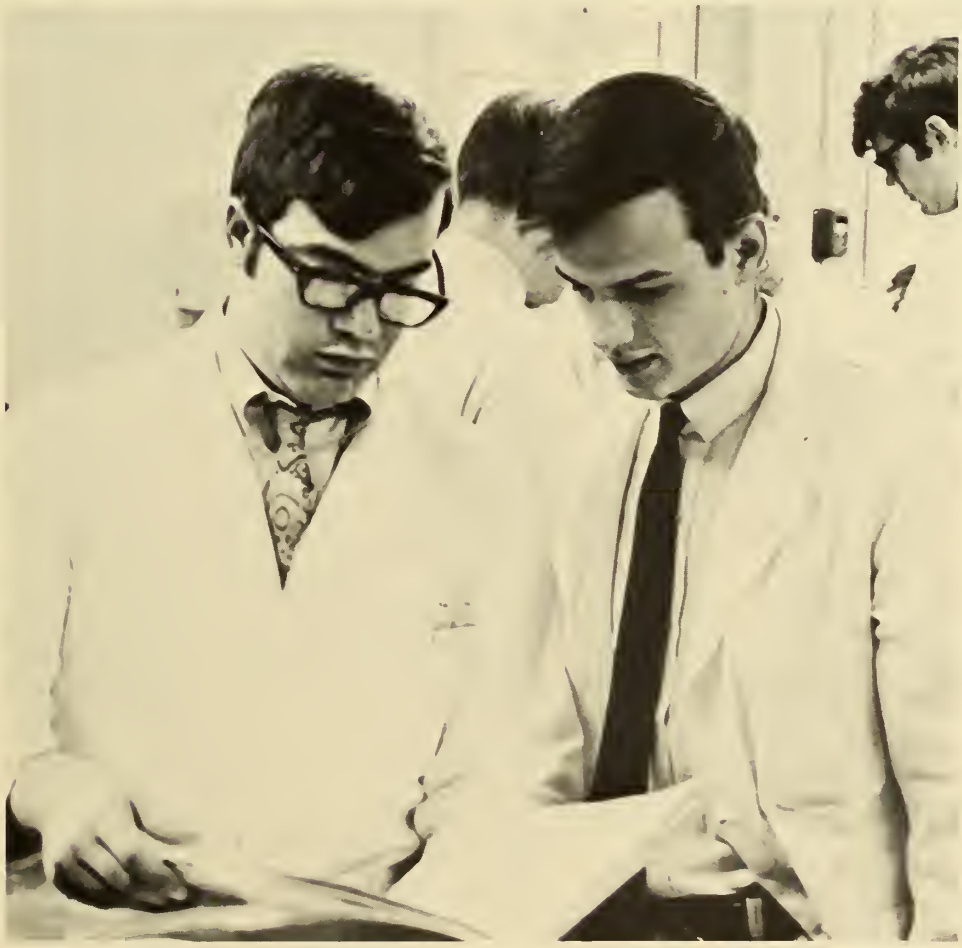
"What's all this Bull about a dress code!"

"I used to be

"I think I smell Them!"

"Is the alcohol denatured?"

a 90 pound weakling."



"Bruce, can I xerox your Community Medicine notes?"

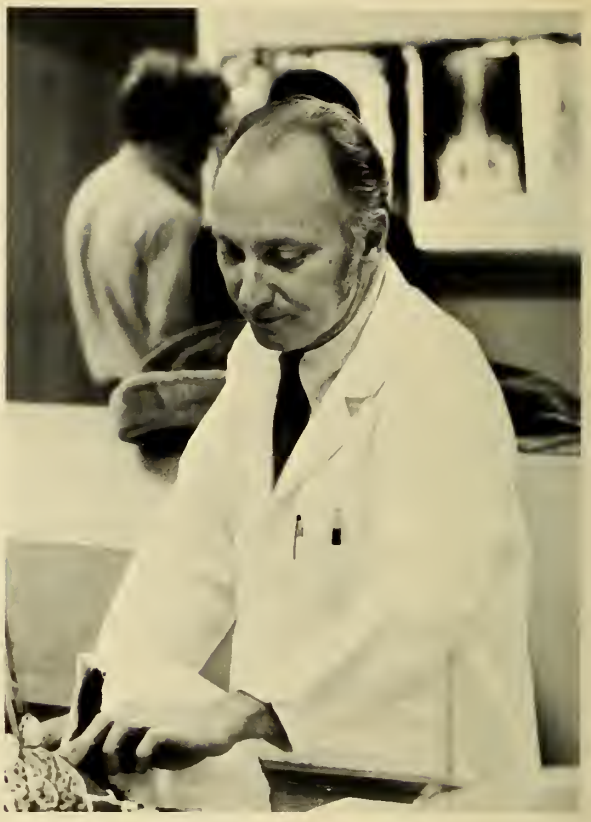
E. Karl Koiwai M.D.: "I'm really smoking my old rolled up lecture notes."

"I think we should merge Hahnemann with Pepsi."

Albert Moat Ph.D.: "Wow, what a figure."

"It sure doesn't taste like tomato juice."

"Season's greeting's to the class of 1991."



Berwind Kaufmann M.D.

"Presented by the class of 1971."

"Who stole my 24 hour stool collection?"

I saw a man pursuing the horizon;
Round and round they sped.
I was disturbed at this;
I accosted the man.
"It is futile," I said,
"You can never—"
"You lie," he cried,
And ran on.

--Stephen Crane

"Still using that greasy kid stuff."

"Hey Jon — we're glad you ate your Wheaties!"

"Up Yours"

John DiGregorio Ph.D. and Plant

Robert Alteveer Ph.D.: "What do you mean your dog died of natural causes?"

Emerson Reed Ph.D.: "The cat is in stage III; the students stage IV."

Joseph Imbriglia M.D.: "Sermon on the Mount"

Kathryn Fuscaldo Ph.D.

Melvin Benarde, Ph.D.: "This is the most important course in med school."

Andrew Ferko Ph.D.

Alexander Gero Ph.D.

"The knee bone is connected to the shin bone."

Jean MacCreight Ph.D.: "A fine friend and teacher."

Alexander Nedwich M.D. "Even Joe won't be able to answer this."

"California?, sure operator, . . . I'll accept the charges."

Irena Koprowska M.D.: "I vil show you the new-clay-oos."

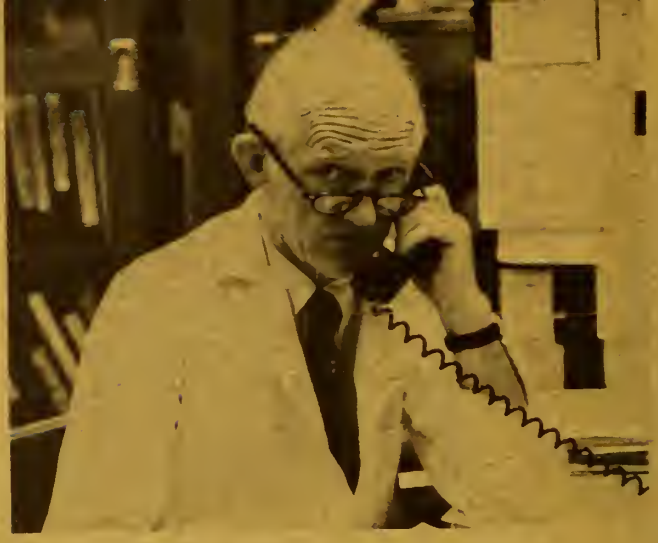
"When Janet walks in, you pull the string and I'll point."

"Let's see . . . Veins to the heart, . . . arteries from . . . or is it . . . "

"If this gadget doesn't work, you fellows can get a job at Upjohn."

"How to get the most out of lecture"

Joseph R. DiPalma M.D.: "The Bronx is dat way."



Aaron A. Bechtel – Dr. Iacocca sold me these glasses."

John Spitzer M.D.

John C. Scott Ph.D.: "Useful . . . ? Van Slyke carried one in his blackbag!"

Hubert E. Appert Ph.D.: "If yours doesn't work, fire yours and hire ours."

Thomas M. Devlin Ph.D.

James K. Alexander Ph.D.

Jay M. Hammel Ph.D.

John Dolphin Ph.D.: "If you bought the old notes I wouldn't have to write this stuff on the board."

William Kashatus M.D.

Benjamin Calesnick M.D.: "A new birth control method – Phenyl tri No! No!"

John R. Little Ph.D.

John Van Dyke Ph.D.

Warren Chernick D.Sc "Hold the retractor still Warren!"

Milton Stern Ph.D.: "There's got to be some lab test for pruritus ani."

Bob McMicheals

"I'll have the Filet Mignon with Green Beans Almondine."

Richard R. Gutekunst Ph.D.

Carol Angstadt Ph.D.

Melvin A. Benarde Ph.D.

Clinical Years

SURGERY

Surgery began at 7:00 A.M. in the Cafeteria of P.G.H. where we met our chief and his two assistants. They seemed to be nice guys. After discussing the nature of the surgical service with special emphasis on the patient load and the number of major procedures performed, we began our rounds on the third floor of the surgical wing – the I.C.U.. We only had one patient there, and he had been there about five weeks. He was recovering from an acute bowel obstruction and postoperatively developed sub diaphragmatic abscesses, congestive heart failure and 3 code 99's. This should be a good case since we were informed that pre and post surgical care was more important that the surgery itself.

From the surgical I.C.U. we went to the wards, where we found a total of 15 patients. Seven of the patients had ano-rectal abscesses, four had sebaceous cysts removed, three had lipomas removed and one was a burn case. I asked the chief, "If they really did surgery at P.G.H. or had the city turned off the electricity in the O.R. so that it was necessary to do the procedures in the out patient clinic?" He was not very happy with my question but explained that the Hahnemann service had a real emergency a month ago requiring 25 units of blood from the Blood Bank, and no elective procedures could be performed until the blood was replaced.

As the weeks went by we did get some good cases, only to find that a junior medical student was required to stand and hold the retractors until the venous pooling in his legs was sufficent to cause syncope. At that point he could be replaced by one of his colleagues.

The most rewarding boring experience during our six weeks on surgery was the tying of knots. Now you could show your parents and friends that you were a real doctor, since everyone knows that knot tying during surgery and being a "real" doctor are synonymous.

PSYCHIATRY

Speaking of obsessive-compulsives, did you ever have such a structural clinical rotation as you did in psychiatry? Every minute of the day was scheduled with something or somebody. Your free time was generally alloted to getting between Hahnemann and P.G.H.. These trips were well worth while for I made my first diganosis of hyperkinetic state on the Market Street Subway. After observing this gentleman for several minutes in the adjoining car, I approached him only to find that he was a classmate of mine who had failed to empty his bladder before leaving Hahnemann.

Even with the rigidly structured schedule we could not complain too much, for they never really promised us a "Rose Garden." I think most of the guys in the psychiatry tract would have settled for grass.

The psychological impact of psychiatry on the minds of medical students is phenomenal. During the first 3 weeks, 75% of our rotation was on the verge of psychological decompensation with observations and statements as: "Do you really think he is psychotic Dr. Fink?" "I have had the same thoughts hundreds of times – well, I think he is normal." "Oh, you do." "He presently has a working diagnosis of paranoid schizophrenia."

The tendency to identify with these known psychotic patients caused a great deal of stress during the early weeks, until the identification turned to isolation and ambivalence.

We were indeed strangers in a strange land where groping too greatly could have sent you whirling through the land of magical thinking and dreaming, with only Thorazine to serve as "guide and crutch."

The Psychiatric department of Hahnemann Hospital is outstanding in presenting a practical dynamic approach to mental illnesses. The mentors, too numerous to individually specify, but exemplified by Drs. Belmont, Fink, Hicks, Walker, West and Hammett, encouraged the students to take an active part in the therapeutic sessions, with the students often benefitting more than the patients.

OBSTETRICS and GYNECOLOGY

Today, we are going to discuss the intricacies of the female anatomy. You will notice the sleek full swing of succulent adipose tissue warmly winding its circulinear path to the introitus through which most men's destinies have passed during their life time.

Yet when you remove the fantasies from the mind by coming face to face with the very real aspects of female anatomy, the task becomes a mere routine without any traumatic aesthetic overtones.

The girls line up on the hard, cold, old park benches and sit for hours, waiting for the medical students and residents to arrive. Once the "Doctors" arrive a brief history is taken and the patient is placed on the examining table in the lithotomy position. The patient will remain in this ungodly position for as long as 15 to 20 minutes, or until the pain and spasm in her thigh muscles, force her to sit up. After the examination, appropriate therapy is administered and she is asked to return in two weeks for a repeat performance. If the medical students are lucky and she is a masochist, she will return.

However, OB-GYN does not consist entirely of these poorly functioning clinics, but also deals with problems in endocrinology, surgery, malignancy and infectious disease.

Clinical Years

PEDIATRICS

Listening to the sound of the laughing children running through the poster plastered corridors on the ninth floor, you forget for a moment that they are all here because they are sick; perhaps to die during this hospitalization or the next, or better still, to go home to their families with no need to return for further treatment.

The state of mind that the prognoses of diseases such as cyctic fibrosis, leukemia, ulcerative colitis and neuroblastoma have, seem unreal in the small world of happily playing children. Yet to explain the implication of a child's disease to those tender, pleading, reddened eyes of endlessly praying parents calls forth an inhuman strength from your soul, which counters the tightening grip around your heart, and prevents you from crying in their presence.

Even with the tragedy which presents itself in Pediatric Medicine, the warmth and joys of the occasional dramatic cures encourages even the most pessimistic to strive toward greater levels of therapeutic management.

The incorporation of social, psychological, educational, and medical spheres into a giant ecosystem of total patient care, allows the patient and his family to live with their illness.

The Pediatric department at Hahnemann is composed of dedicated clinical pediatricians whose lecture method of teaching leaves a lot to be desired as far as the eager struggling medical student who wants to learn clinical pediatrics is concerned. Perhaps with the continued development and improvement of the department this will be rectified.

Peter Sigmann M.D.

MEDICINE

Now we enter into that game of all games, where up's manship and the most recent journal articles make even a spastic Junior sound like he knows what he is talking about. However, the truth comes out that first night on call when you hope the operator forgets your name or better still your extension number. Yet, only ten minutes later, she calls you, to report that the new patient on 14 needs an I.V. started. You slowly wind your way up the spiral staircase where each landing brings forth an increasing anxiety about the task you must complete; for a failure now could ruin your career in medicine, destroying your precarious ego.

"Let's see, what will I need? — I.V. bottle, alcohol sponge, rubber tubing, 18 gauge intracath, tape and armboard. That's all I can think of — I would ask the nurse but I can't now — . I had better re-read the directions on the intracath insert before I go to the patient's room. Oh!, I think I know how it works."

In the patient's room, with a calm and sophistocated manner you apply the rubber tubing to the upper arm. Nothing happens, the patient doesn't show any veins on that arm; try the other one — this arm is the same. "Why in hell don't these patients come in during the day — at the least the seniors would be around to help. They like to show how smart they are."

Five venapunctures and three intracaths later, you finally get into the vein with a number 19 gauge butterfly which you secure with two rolls of tape and an armboard up to the shoulder.

So far you have had a good night, you have put in you first I.V. and it only took you three hours and forty minutes.

Medicine continues: each day you become slightly more confident and competent. The staffman, resident and intern begin to respect your opinion and clinical judgement, even in its naviete. You begin to feel good inside now that all of those long hours of studying are paying off. You develop a great respect for your staffman and tend to identify with him. Medicine is definitely the best service we see at Hahnemann and the people are great.

Isadore Brodsky M.D., Sigmund Kahn M.D., "This year we'll use Luther Brady's statistics."

Edward Ciaccio Ph.D.: "The Pied Piper did what?"

"Van Dyke wants me to stay after class."

Henry Appleman M.D.: "The extrovert that "Motored on."

Mary Jane Showers Ph.D.: "Thank you very much, but flowers are not really necessary."

All of the above
Some of the above
None of the above

"I don't care what you say, I want Dr. Lichtenfeld!"

"Remember, you're not an Extern anymore, you introduce yourself as Doctor."

Dr. William Likoff
"Goodnight Len"

Dr. Leonard Dreifus
"Goodnight Bill"

"I feel like the towel girl in a men's health club."

Sidney Waldman, M.D.

"Code 99 . . . What's that??"

"Just because I didn't hear him say — close to the knot!!"

Arthur Lipschutz, M.D.

Hugh Bennett, M.D.: "I wouldn't throw you a curve!"

Edward Del Guercio M.D.: "It's not what you can do for Hahnemann but what Hahnemann can do for you."

"And Rich has two just like this? . . . "

"What's new? I'm coming to class."

Paul Fink M.D. "and then this big bird came over . . . "

Annie Wang, M.D.: "Bloody Mary."

Paul Gonick, M.D.: "A size 50 French, . . . WOW!"

Dan Morello, M.D.: "That's right, Heroin overdose is **the answer** to diarrhea."

Charles Wolferth, M.D.: "When I can't get stasis, I use the old bear hug, like this."

"Dr. Gibbons, I don't understand why Hahnemann is called 'The Mecca'."

Giulio Barbero, M.D.: "Let's talk about death."

Barry Farber M.D.: "We're going to Cuba; the first man to touch me is dead!"

"By golly, there is an ant in the view box."

Nikolay Dimitrov, M.D.: "If you want to get an elevator around here, you've got to build your own."

Dr. Donald Fishman, M.D.

Jewell Osterholm, M.D.: "I always drink when I operate."

Paul Gebhart M.S.: "Do you think we can get a team hair transplant.

"Quinto said he'd like to give you a cardiac massage."

Teruo Matsumoto M.D.

David Major M.D.

Wilbur Oaks M.D.: "That's cute Ron but we usually culture anthrax in a plate."

Amedeo Bondi Ph.D.: "Dr. Lewis wants to know if the student who cultured Anthrax on his hand can go to Gyn clinic."

Richard Torpie M.D.: "Just 1000 rads my Dear!"

Paul Gonick M.D.: "Who's a moile."

Percival Levinson M.D.

Leon Kauffman M.D.: ". . . and then I showed her my Byrd."

Jeff Lefferts M.D.

Demetrius Saris M.D.: "This little piggy went to market."

John Moyer M.D.: "Wilbur, see if you can get me an appointment with Mark Berger."

Bruce Mac Fadyen M.D.: "Doctor says she had just a touch of the pregnancy."

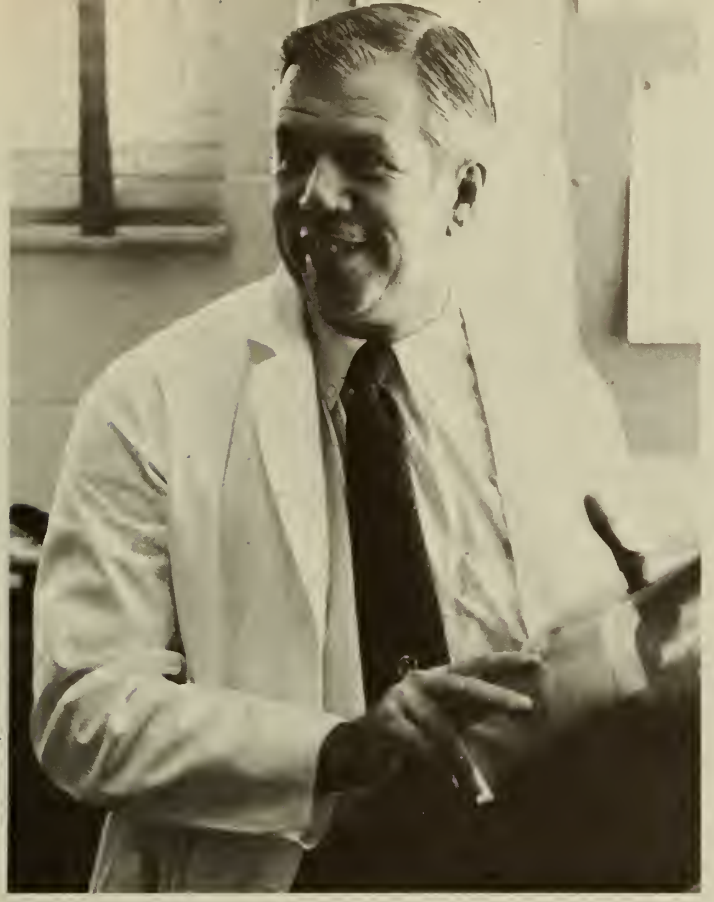
"That's the last rectal I'll do without gloves."

Domenic J. Pontarelli M.D.

Old Men

People expect old men to die,
They do not really mourn old men.
Old men are different. People look
At them with eyes that wonder when . . .
People watch with unshocked eyes . . .
But the old men know when an old man dies.

Ogden Nash



Millard Croll M.D.

Stanley Spitzer M.D.: "She's got two betz cells held together by a spirochete."

"Well, how do you pay for your tuition?"

Daniel Mason M.D.

"Don't I look like a surgeon?"

John Gundy M.D.: "What do you mean I cut myself shaving?"

James Lee M.D.: "This Dale Carnegie is some writer."

Stanley Spitzer M.D.: "Tell the old crock I've got an emergency."

"Nothing like running water with a great view."

"We're going to call the book **"Human Sexual Response."**

Holmes' "Pig Sty".

Dr. Elliott Mancall

Sheldon Bender M.D.

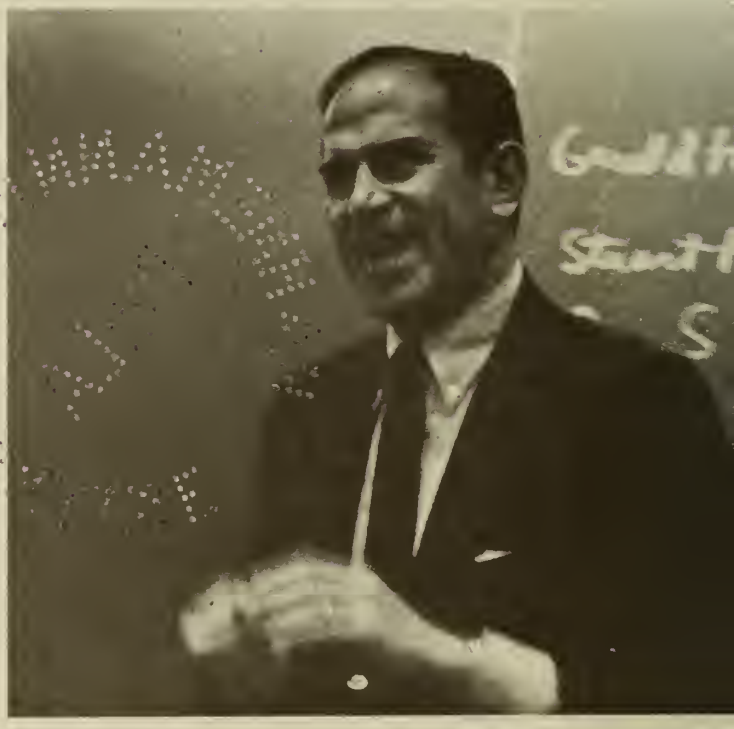
Eleanor Shaheen M.D.: "Giulio likes me in my mini."

Donald Faust M.D.: "What X-rays?"

Eugene Coodley M.D.: "Who's taking P.G.H. over ? . . ."

Herman S. Belmont M.D.

"It's soft, warm, and mushy . . .



. . . you can roll it into a ball . . .

and you can stick it behind your ear."

Luther W. Brady M.D.

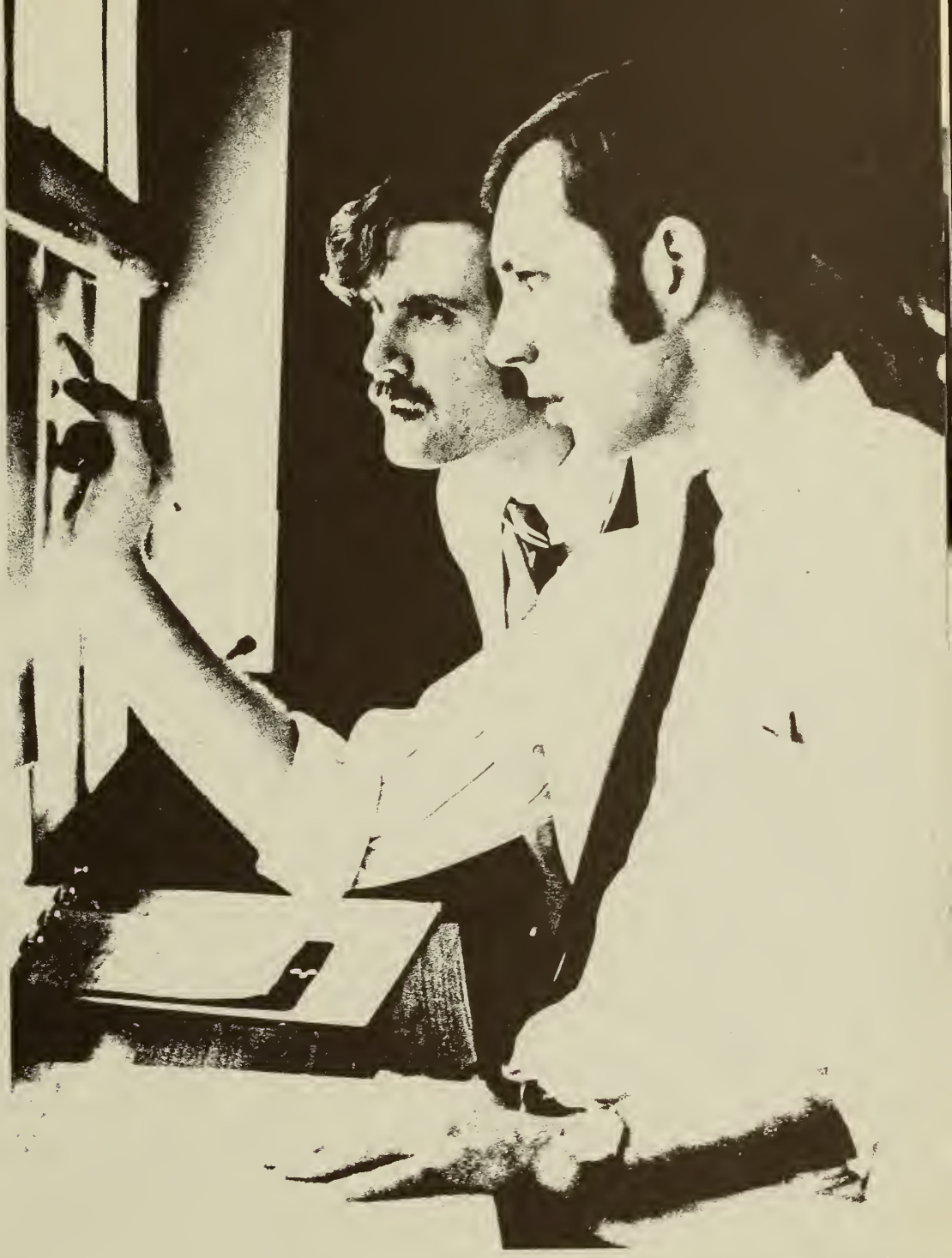
Richard Hicks M.D.: "When all else fails . . ."

"Consider it a professional courtesy."

Dr. Jewell Osterholm M.D.: "When dilantin fails . . ."

Alberto Adam M.D.: "When nitroglycerin fails . . ."

Paul Fink M.D.



Dr. Sigmund Kahn M.D.: "No mama, cytoxan not chicken soup."

Anthony Renzi M.D.: "This film was rated X."

"Don't worry, I'll tell you all about sex."

Marcus
Welby, M.D.

Dr. Luis Blasco: "2500 Grams of air by C-section."

Richard Gibbons M.D.

Dr. Gill

Dr. Hong and Dr. Park.

"I memorized 24 pages of notes last night!"

George C. Lewis M.D.

"If I cash your check, will you buy something?"

David Segal M.D.: "I'm a chest man myself."

Wilbur Oaks M.D.: "Listen John, only one of us can run this department . . . either me or Susie, . . . but not both!!"

Morton Perlman M.D.: "That's the funniest thing I've heard in my whole life."

"What is G.C. Conjunctivitis?"

"Quinto's back?!"

Marshall Klavan M.D.: "Who put the Lippes loop in my soup?"

Edward Coppola M.D.: "Did someone say Kidney?"

Charles Wolferth M.D.: "Baronofsky, I don't want to tell you again."

Gaddo Onesti M.D.: "Spitzer said — Galloping Metastatic Gournischt — but I can't find that disease in my file."

Howie wake up! "Lemme alone . . . I'm wearing Berger's alarm clock!"

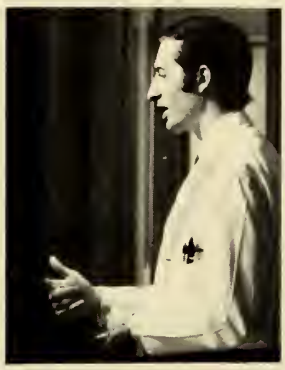
Joel Chinitz M.D.

Allan Schwartz M.D.

"Slobbovian Journal of Nephrology, 1904, 102: 417."

"Right hemiparesis my ass!"

Oscar Weiner M.D.: "Did you enjoy the show Mrs. Lincoln?"



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"Children are just little adults!"

Leslie Nicholas M.D.: "Where did he have G.C.?"

Robert Bower M.D.

Vincent Zarro M.D.: ". . . in the joints!"

"What do you mean, I'm orally fixated?"

"The patient needs a stat EKG, a portable chest film, and my resident."

Ralph Shaw M.D.: Hahnemann's sugar daddy.

Robert Goldstein M.D.

All the negatives!?!

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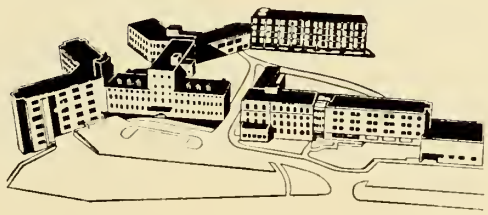

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Medic Seventy-One

Medic Seventy-One is a new and different concept in yearbooks. Because of this new innovation, there were stringent financial, literary, and social changes to be considered. The staff had several goals: to produce a book which was not too sentimental, but would have a layout which would be in keeping with our tradition, to have more people participating in the book's development, and to depict through pictures and writing a record which would be representative of our years of labor at Hahnemann Medical College and Hospital, and would be pleasing to all the factions in our class and our student body. With these guidelines the staff spent many hours in dedicated work in the hope that all will be received favorably.

While we were learning and maturing into physicians, many changes were taking place in our medical school and profession as well as in the rest of the American scene. It is on these many changes that I would like to share this final note. I would hope that the following poem would typify most beautifully and poetically not only the changes that we wish to make, but also the rare and precious gift of freedom we have in our country which makes this descent and diversity possible.

A LOVER'S QUARREL WITH THE WORLD

O Lord, we love this country.
And because we love it,
We pray for the courage to quarrel with it,
As did the prophets of old,
And as do the men of conscience today.

Give us the courage to quarrel
With the worship of success and status,
With the belief that people are less precious than property
And with the myth that in missiles there is real safety.

Give us the courage to quarrel
With the idolators who say:
'My country right or wrong'
Instead of saying:
'My country — when it is right,
My country to be made right,
Whenever it is wrong.'

Give us the courage to quarrel
With those who believe we can afford
For a journey to the moon
But who claim that we cannot afford millions
To abolish poverty here on earth.

Give us the courage to quarrel
With a society that spends more on cosmetics
Than it does on charity,
More on cigarettes
Than it does on cancer research.

Give us the courage to quarrel
With those who find it easier to condemn Communism
Than to practice the teachings of Democracy.

Give us the courage to quarrel
With those who dump surpluses
And who pay farmers not to plant,
While human beings starve
Here and around the world.

Give us the courage to quarrel
With those who can appreciate the patriotism of a soldier
But who cannot understand the courage of a conscientious objector.

Give us the courage to quarrel
With all the forces within our society
That dehumanize, that profane, and that separate men.

But let our quarreling, O Lord, not be destructive.
Let it be out of love, not envy.
Let it be in order to correct and improve —
Not just for the sake of tearing down.

Let us be counted among those
Who alleviate pain by sharing it.

Let us be counted among those
Who are not satisfied with the status quo —
But who yearn and work for a better world.

May we bring into this world,
A bit more truth, a bit more justice,
A bit more love
Than there would have been,
If we had not loved the world enough
To quarrel with it —
Out of a vision of what it out to be.

May our prayers and our deeds be pleasing to You, O Lord,
Whose lover's quarrel with the world
Is the history of mankind.

Reprinted From
New Prayers For The High Holy Days E.D. by Rabbi Jack Riemer. Media Judaica Inc. (N.Y.-Jerusalem). 1970.

H. L.

Acknowledgements

Patricia Camody was the associate editor doing an outstanding job. Without her help the book could never have been completed.

Mr. Robert Johnston whose professional photographic talents added much to the quality of the book. His help was far in excess of that required or expected.

Mr. William O'Brien, the publisher's representative, was both personally and professionally interested in our yearbook, helping the staff with many of the new innovations.

Ed Lamon was photography editor whose help was much needed and appreciated.

Irv Franklin was business manager doing a fine job.

Dr. E. Karl Koiwai, faculty adviser to the Medic Seventy-One, gave unselfishly of his time and counsel.

Miss Rita Camody for her assistance in the design of our dedication pages.

Miss Laura Bumara for her help in distributing yearbook material.

Media Judaica, Inc. 1679 Broadway, New York City for permission to use "A Lover's Quarrel with the World," reprinted from **New Prayers For The High Holy Days,** Ed. by Jack Riemer, 1970.

Type style was palatino.

The photographer was Zamsky Studios.

The publisher was American Yearbook Company.

To my wife Faith for her understanding, guidance and help during the formulation, correction and distribution of this publication.

Harry J. Lessig
Editor-in-chief